

# WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. 200805

29/2E/1A

Water Right Permit No. \_\_\_\_\_

(1) OWNER: Name DAN CAMPBELL Address 2350 E. Goodell Rd. Puyallup

(2) LOCATION OF WELL: County ISLAND NE 1/4 NE 1/4 Sec 1 T. 29N. R. 2E W.M. 29N

(2a) STREET ADDRESS OF WELL (or nearest address) \_\_\_\_\_

(3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal ☐  
☐ Irrigation ☐ Test Well ☐ Other ☐  
☐ DeWater

## (10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

(4) TYPE OF WORK: Owner's number of well (if more than one) \_\_\_\_\_  
Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐  
Deepened ☐ Cable ☐ Driven ☐  
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.  
Drilled 160 feet. Depth of completed well 160 ft.

## (6) CONSTRUCTION DETAILS:

Casing installed: 6 " Diam. from 0 ft. to 150 ft.  
Welded ☒ " Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Liner installed ☐ " Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Threaded ☐ " Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Perforations: Yes ☐ No ☐

Type of perforator used \_\_\_\_\_

Size of perforations \_\_\_\_\_ in. by \_\_\_\_\_ in.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Screens: Yes ☒ No ☐

Manufacturer's Name SMITH

Type SS WELD

Model No. \_\_\_\_\_

Diam. 6 Slot size 10 from 150 ft. to 160 ft.

Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Gravel packed: Yes ☐ No ☐ Size of gravel \_\_\_\_\_

Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Surface seal: Yes ☒ No ☐ To what depth? 18 ft.

Material used in seal Benotite

Did any strata contain unusable water? Yes ☐ No ☐

Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_

Method of sealing strata off \_\_\_\_\_

(7) PUMP: Manufacturer's Name \_\_\_\_\_

Type: \_\_\_\_\_ H.P.

(8) WATER LEVELS: Land-surface elevation 800 ft.

Static level 143 ft. below top of well Date \_\_\_\_\_

Artesian pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_

Artesian water is controlled by \_\_\_\_\_ (Cap. valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☐ No ☐ If yes, by whom? \_\_\_\_\_

Yield: \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.

" " " " " "

" " " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time Water Level Time Water Level Time Water Level

Date of test \_\_\_\_\_

Bailer test 10 gal./min. with 10 ft. drawdown after 2 1/2 hrs.

Airtest \_\_\_\_\_ gal./min. with stem set at \_\_\_\_\_ ft. for \_\_\_\_\_ hrs.

Artesian flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_

Temperature of water \_\_\_\_\_ Was a chemical analysis made? Yes ☐ No ☐

Work started 5/10, 19. Completed 5/28, 19.

## WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME ARNOLD'S Plumbing & Septic  
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address 5489 So Coler Rd Longley 98011

(Signed) Joe L... License No. 0264  
(WELL DRILLER)

Contractor's Registration No. ARNALPS0996C Date 5 31, 1993

(USE ADDITIONAL SHEETS IF NECESSARY)